



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PRC

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07079  
111a

## CERTIFICATE OF DEATH

Reg. Dist. No.....

## 1. PLACE OF DEATH:

County Garrett

City or town Oakland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Mary Cecelia Harsch

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

female white single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) December 17, 1892

8. AGE: Years Months Days If less than one day  
54 8 5 hrs. min.9. Birthplace Fulda Minn.  
(Town, county, and state)

10. Usual occupation Chief, telephone operator

11. Industry or business Local office for 36 years

12. Name Matthew Harsch

13. Birthplace Germany

14. Maiden name Julia Shaffer

15. Birthplace Nr. Oakland, Md.

16. Informant Richard Shaffer

Address Oakland, Maryland

17. Buried Date thereof Aug. 26, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Peters Bem.

Location Oakland, Md.

18. Funeral director Emroy D. Bolden

Address Oakland, Md.

19. 80 26-47 19  
(Date rec'd by registrar)

Julia A. Rowan

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Oakland

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 22, 1947 19 at 9:20 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

about a month 1947 to Aug. 22 1947

and that I last saw her alive on Aug. 22 1947

Immediate cause of death

Pulmonary Embolism

Coronary thrombosis

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

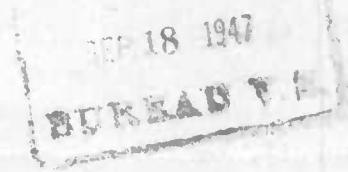
Means of Injury

Injured at work?

23. SIGNATURE

\*\* Signature of physician E. I. M. Baumgartner

Address 25 Alderst. Baltimore Date signed 9/17/47



**PLEASE WRITE PLAINLY.** ~~WITH~~ UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

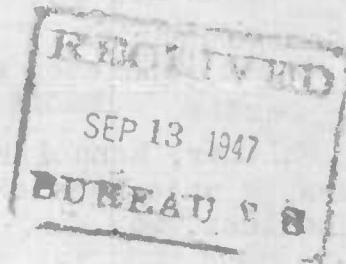
**2411 N. Charles St., Baltimore**

## CERTIFICATE OF DEATH

Reg. Diat. No.....

07080

1. PLACE OF DEATH County..... City or town..... (If outside city or town limits, write RURAL and give nearest town)			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... County..... City or town..... (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? <b>lyr. 2mon.</b>			3. (a) FULL NAME <b>Stelman Lester Hedrick</b>		
Hospital, Institution, or street address where death occurred:			Street No. .... (If rural, give LOCATION)		
How long in hospital or institution?			2.(a) If veteran, name war.		
3. (b) Social Security Number <b>234-26-9814</b>					
4. Sex <b>Male</b>			5. Color or race <b>White</b>		
6.(a) Single, married, widowed, or divorced <b>Married</b>			MEDICAL CERTIFICATION August 6 47 3:30A.		
6.(b) Name of husband & wife <b>Hedrick Minnie Lucille (Maule)</b>			20. DATE OF DEATH		
7. Birth date of deceased (mo., day, yr.) <b>Jan. 28, 1906</b>			21. I CERTIFY that death occurred on the date above stated: that I attended deceased from <b>Jan 1947 to Aug 6 1947</b> and that I last saw him alive on <b>Aug 6 1947</b> .		
8. AGE: Years <b>41</b> Months <b>6</b> Days <b>8</b> If less than one day ..... hrs. ..... min.			Immediate cause of death <b>Acute Myocarditis</b>		
9. Birthplace <b>Whitmar, Randolph Co., W.Va.</b> (Town, county, and state)			Due to <b>Cardio - Vascular Disease</b>		
10. Usual occupation <b>Woodsman &amp; Miner</b> Coal Mines			Due to <b>Disease</b>		
11. Industry or business			Other conditions <b>Fever</b>		
12. Name <b>George Hedrick</b>			(Include pregnancy within 3 months of death)		
13. Birthplace <b>Wango, Pendleton Co., W.Va.</b>			Major findings of operations		
14. Maiden name <b>Bertha Simmons</b>			Date of op.		
15. Birthplace <b>Whitmar, Randolph Co., W.Va.</b>			Autopsy results		
16. Informant <b>Mrs. Minnie Hedrick</b> Address <b>Shallmar, Md.</b>			PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17. Burial <b>Burial</b> (Burial, cremation, or removal. Which?) <b>Aug. 7, 1947</b> Date thereof (month) (day) (year)			22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of.....		
Cemetery or crematory <b>Whitmar Cemetery</b> Location <b>Whitmar, W.Va.</b>			Where did injury occur? (City or town) (County) (State)		
18. Funeral director <b>Otha F. Sharpless</b> Address <b>Blaine, W.Va.</b>			Injured at home, farm, industry, public place (where?)		
19. (Date rec'd by registrar) <b>Aug 8 47</b>			Means of injury      Injured at work?		
			23. SIGNATURE <b>Ralph Culverwell Jr.</b> M. D. or other		
			Address <b>Kittanning, Pa.</b> Date signed <b>Aug 7-47</b>		





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct  
is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

07681

## CERTIFICATE OF DEATH

Reg. Dist. No. 16

## 1. PLACE OF DEATH:

Garrett

County.....

R. F. D., Frostburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

ALBERT BERNARD KLINK

## 4. Sex

## 5. Color or race

## 6.(a) Single, married, widowed, or divorced

Male

White

Married

## 6.(b) Name of husband or wife

Virginia Klink

## 7. Birth date of deceased (mo., day, yr.)

June 3, 1869

## 6.(c) If alive, give age..... years

56

## 8. AGE: Years

Months

Days

If less than one day

78

2

27

hrs.

min.

## 9. Birthplace.....

Garrett county, Maryland

(Town, county, and state)

## 10. Usual occupation.....

Farmer

## 11. Industry or business

Bernard Klink

FATHER

## 12. Name.....

unknown

MOTHER

## 13. Birthplace.....

"

14. Maiden name.....

"

15. Birthplace.....

## 16. Informant.....

Mrs. Albert Klink,

Address

Frostburg, Md.

## 17. Burial

Date thereof..... Sept. 3 '47

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

Johnson Cemetery,

Location.....

Garrett County, Md.

## 18. Funeral director.....

J. R. Durst,

Address

Frostburg, Md.

Sept. 3, 1947

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County

Garrett

City or town..... R. F. D., Frostburg

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Aug 31 1947 at 7:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1940 19... to Aug 31 1947

and that I last saw deceased alive on Aug 31 1947

Immediate cause of death.....

Chronic Myositis 2 yrs

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury.....

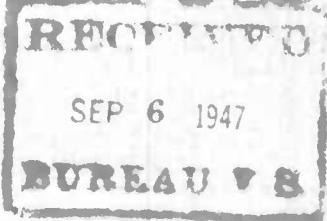
Injured at work?

23. SIGNATURE

M. D. or other

Address

Frostburg, Md. Sept 3 1947



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07082

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

159

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## 1. PLACE OF DEATH:

County.....

Garrett  
Mt. Lake Park Md.

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Infant M E McIntosh.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white

8. (b) Name of husband - mother: Elizabeth Tichnell

McIntosh

6. (c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.)

Aug. 14. 1947

8. AGE:

Years

Months

Days

If less than one day

0 8 0 1 hrs. min.

8. Birthplace.....

Mt. Lake Park Md.

(Town, county, and state)

10. Usual occupation.....

11. Industry or business

MOTHER FATHER

12. Name Thomas J. M E McIntosh

13. Birthplace Falley, Alab and

14. Maiden name Martha S. Tichnell

15. Birthplace Bloomington, NY

16. Informant Thomas J. M E McIntosh

Address Mt. Lake Park, Md.

17. Burial Date thereof Aug 18/47

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Family Cemetery

Location near Mt. Lake Park

18. Funeral director Murray D. Baldwin,

Address Oaklawn, MD

19. Date rec'd by registrar 7/19 19 Julia G. Brown

(Date rec'd by registrar) (Date signed) 15 Aug 47

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County..... Garrett

City or town..... Rural Deer Park Rt. 1

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 14, 1947 19 at 5:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw h.....alive on

Immediate cause of death.....

Pneumonia - bronchitis.

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury.....

Injured at work?

23. SIGNATURE

A E Hansen M.D.

M. D. or other

Address.....

Dallas Md. Date signed 15 Aug 47

RECEIVED

SEP 4 1947

BUREAU F.B.I.

PLEASE WRITE PLAINLY,  
WITH UNFADING INK.  
Supply every item of information carefully.  
The correct age  
is especially important.  
Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

## CERTIFICATE OF DEATH

Reg. Dist. No. 161

07083

1. PLACE OF DEATH: Garrison  
 County: Near Friendsville  
 City or town: Near Friendsville  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?  
 Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME: Stella Blanche Selby Hennings Ober

4. Sex: F 5. Color or race: Wt. 6. (c) Single, married, widowed, or divorced: Widow

7. (a) Name of husband or wife: John Hennings Ober  
 Birth date of deceased (mo., day, yr.): Jan 25 - 1881 8. (c) If alive, give age: 76 years  
Jan 25, 1881

8. AGE: 66 Years 7 Months Days If less than one day: \_\_\_\_\_  
 hrs. min.

9. Birthplace: Seabrook Md  
 (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: William W. Selby

MOTHER FATHER 12. Name: William W. Selby  
 13. Birthplace: Md

14. Maiden name: Malissa Stafford  
 15. Birthplace: Md

16. Informant: Horace Hennings  
 Address: Friendsville Md

17. (Burial, cremation, entombment, Which?) Date thereof: Aug 27 - 47  
 (month) (day) (year)

Cemetery or entombment: FRIENDSVILLE MD

Location: FRIENDSVILLE MD  
 18. Funeral director: H. M. Savage

Address: FRIENDSVILLE MD

Date rec'd by registrar: Aug 27 47 Registrar: Kathryn Fite

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State: Md County: Garrison  
 City or town: Near Friendsville  
 (If outside city or town limits, write RURAL and give nearest town)

Street No.: \_\_\_\_\_ (If rural, give LOCATION)

2.(a) If veteran, name war: \_\_\_\_\_

3. (b) Social Security Number: \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: August 25 1947

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1946 to Aug 1947  
 and that I last saw her alive on Aug 4, 1947

Immediate cause of death: chronic myocarditis DURATION: 1 year

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

Other conditions: Diabetes Mellitus DURATION: 20 years

(Include pregnancy within 8 months of death)

Major findings of operations: \_\_\_\_\_ Date of op.: \_\_\_\_\_

Autopsy results: \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: \_\_\_\_\_ Date of: \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury: \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE: Milton Tepper MD M. D. or other: \_\_\_\_\_Address: \_\_\_\_\_ Date signed: Aug 27 1947

RECEIVED  
AUG 30 1947  
BUREAU OF INVESTIGATION

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

07084

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

166

## 1. PLACE OF DEATH:

Garrett  
County  
Oakland

(If outside city or town limits, write RURAL and give nearest town)

29 yrs.

How long in above place of death?

Hospital, institution, or street address where death occurred:  
-----How long in hospital or institution?  
-----

## 3. (a) FULL NAME

Anna E. Murphy Smouse

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widowed

Edward H. Smouse

6. (b) Name of husband or wife

6. (c) If alive, give age ----- years

7. Birth date of deceased (mo., day, yr.) June 19, 1875

8. AGE: Years Months Days If less than one day  
72 1 18 hrs. min.9. Birthplace Garrett Co., Md.  
(Town, county, and state)

10. Usual occupation House Wife

11. Industry or business Own Home

MOTHER FATHER 12. Name William Murphy

13. Birthplace Garrett Co., Md.

14. Maiden name Ellen Enlow

15. Birthplace Garrett Co., Md.

16. Informant Ellen Smouse Sefeld

Address Oakland, Md.

17. Burial Date thereof Aug. 7, 1947  
(Burial, cremation, or removal. Which?)

Oakland Cemetery

Cemetery or crematory

Oakland, Md.

Location

18. Funeral director Herbert C. Leighton

Address Oakland, Maryland

19. Date rec'd by registrar 1947 Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
Maryland County GarrettCity or town Oakland  
(If outside city or town limits, write RURAL and give nearest town)

Street No. -----

(If rural, give LOCATION)

2.(a) If veteran, name war -----

## 3. (b) Social Security Number

-----

## MEDICAL CERTIFICATION

2D. DATE OF DEATH August 5, 1947 at 3:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 19. 45, to August 19. 47,

and that I last saw her alive on August 5, 1947.

## Immediate cause of death

Myocarditis Chronic 8 yrs

Due to Atrial Fibrillation 95a 8 yrs

Due to Arteriosclerosis 97

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

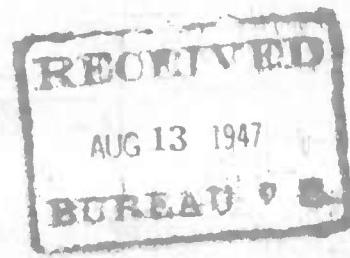
Injured at home, farm, industry, public place (where?)

## Means of injury

Injured at work?

23. SIGNATURE A. E. Mance, M. D. M. D. or other

Address Oakland, Maryland Date signed 8-7-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13/a

18785

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

## 1. PLACE OF DEATH:

Garrett County

Mt. Lake Park City or town

(If outside city or town limits, write RURAL and give nearest town)

27 yrs.

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Emma King Stottlemeyer

## 4. Sex

## 5. Color or race

## 6.(a) Single, married, widowed, or divorced

Female

White

Widowed

## 6.(b) Name of husband or wife

Sheridan Stottlemeyer

## 7. Birth date of deceased (mo., day, yr.)

January 17, 1872

(e) If alive, give age years

## 8. AGE:

Years  
75Months  
6Days  
22

(f) less than one day

hrs. min.

## 9. Birthplace

Grant Co., W. Va.

(Town, county, and state)

## 10. Usual occupation

House Wife

## 11. Industry or business

Own Home

## MOTHER FATHER

John B. King

## 13. Birthplace

Garrett Co., Md.

## 14. Maiden name

Sarah Yokum

## 15. Birthplace

Virginia.

## 16. Informant

Charles Stottlemeyer

## Address

Mt. Lake Park, Md.

## Burial

Date thereof Aug. 9, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Oakland Cemetery

Cemetery or crematory

Oakland, Maryland.

Location

Herbert C. Leighton

18. Funeral director

Oakland, Maryland

Address

19. Date rec'd by registrar

19.

Julia A. Brown  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland State

County Garrett

Mt. Lake Park City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

## 2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 7, 1947 at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 3rd 1947 to August 7th 1947

and that I last saw her alive on 8-7-47

Immediate cause of death Bronchial Pneumonia

2 days DURATION

Due to Heart Failure

Due to Chronic Nephritis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

S. J. Brown, M.D.

M. D. or the 8-8-47

Address Date signed

1000 feet  
unable to locate Doctor Green.

Must leave on an emergency ambulance. Case



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Wolverton

07086

## CERTIFICATE OF DEATH

93d  
Reg. Dist. No. 163

## 1. PLACE OF DEATH:

County.....

City or town.....

Garrett  
Bloomington

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

75 years

Hospital, Institution, or street address where death occurred:.....

How long in hospital or institution?.....

## 3. (a) FULL NAME

Edward Ellsworth Warnick

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white Widower

## 6. (b) Name of husband or wife

Carrie Wright

## 7. Birth date of deceased (mo., day, yr.)

September 26, 1871

6. (c) If alive, give age

years

## 8. AGE:

75 10 20 hrs. min.

## 9. Birthplace

Bloomington - Garrett - Maryland

(Town, county, and state)

## 10. Usual occupation

Miner

## 11. Industry or business

Coal - Mine

## 12. Name

Henry Warnick

## 13. Birthplace

Bloomington Md

## 14. Maiden name

Mahelia Jenkins

## 15. Birthplace

Not Known

## 16. Informant

Gertrude Jeffries

## Address

Keyser, W. Va

## 17. Burial

Date thereof Aug 20, 1947

(Burial, cremation, or removal, Which?)

(month) (day) (year)

## Cemetery or crematory

Oakland Cemetery

## Location

Oakland Md

## 18. Funeral director

Ellsworth &amp; Basal

## Address

Westminister, Md.

## 19. Date reg'd by registrar

Aug 20 1947

(Date reg'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Garrett

City or town..... Bloomington

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

212-24-1186

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Aug 17 1947 at 8:35 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 10 1947 to Aug 17 1947

and that I last saw him alive on Aug 17 1947

## Immediate cause of death

Myocardial Degeneration.

Due to Myocarditis.

## Due to

Arterio-Sclerosis.

Other conditions Miners Asthma,

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Means of Injury

Injured at work?

## 23. SIGNATURE

M. D. or other

Address Piedmont W Va

Date signed 8/18/47

RECEIVED

AUG 23 1947

BUREAU F.B.I.